2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039875

Entity Name: THE ANANDA GROUP, LLC

FILED Feb 02, 2009 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

401 E. LAS OLAS BLVD 621 SW 1ST LANE

POMPANO BEACH, FL 33060 1400

FORT LAUDERDALE, FL 33301

New Mailing Address: Current Mailing Address:

401 E. LAS OLAS BLVD 621 SW 1ST LANE

1400 POMPANO BEACH, FL 33060

FORT LAUDERDALE, FL 33301

FEI Number: 02-0742853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, ZINA K 5790 NW 29TH AVENUE MIAMI, FL 33147

MANAGING MEMBERS/MANAGERS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

TAMARA, MC GILL Name: JONES, DERWIN L Name: P.O. BOX 814854 Address: 8625 NW 24TH AVENUE Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: MIAMI, FL 33147

Title: MGRM (X) Delete Title: () Change () Addition

JONES, DERWIN Name: Name: Address: P.O. BOX 814854 Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

JONES, NATHAN Name: Name: Address: 8625 NW 24TH Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

SANDS, KIM Name: Name: 3336 COOLIDGE STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

SINCLAIR, ADAM Name: Name: 4707 PINE OAK DRIVE #429 Address: Address: City-St-Zip: HOUSTON, TX 77081 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

PEREZ ERIC Name: Name: Address: 1734 BROOKSTONE WAY Address: PLANT CITY, FL 33566 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DERWIN L.JONES **MGRM** 02/02/2009